**Council Appointment – Expression of Interest Form**

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| --- | --- |
| **Council applying** | **Membership** |
| ☐ Aboriginal and Torres Strait Islander Health Practice Council | ☐ Practitioner☐ Australian Lawyer[[1]](#footnote-1)☐ Community Member**Would you like to be considered for President[[2]](#footnote-2) or Deputy President of the Council?**­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_☐ Yes ☐ No |
| ☐ Chinese Medicine Council ☐ Chiropractic Council☐ Dental Council ☐ Medical Council☐ Medical Radiation Council ☐ Nursing and Midwifery Council☐ Occupational Therapy Council  | ☐ Optometry Council☐ Osteopathy Council ☐ Paramedicine Council☐ Pharmacy Council ☐ Physiotherapy Council☐ Podiatry Council ☐ Psychology Council |
| **Title** | **First Name** | **Middle Name** | **Last Name** | **Post-nominals** |
|  |  |  |  |  |
| **Residential Address** | **Gender** | **Date of Birth** |
|  |  |  |
| **Email Address** | **Telephone** | **Mobile** |
|  |  |  |
| **Qualifications and expertise** |
|  |
| **Do you identify as belonging to any of these groups?** |  |
| Aboriginal and Torres Strait IslanderPerson from a non-English speaking backgroundPerson with a disability | ☐ No ☐ Yes☐ No ☐ Yes☐ No ☐ Yes |
| What is your ancestry? English, Italian, Chinese, etc |  |
| **Are you:** |  |
| 1. a public sector employee?

If Yes, does your employer support your nomination? | ☐ No ☐ Yes – ☐ No ☐ Yes |
| 1. on the Lobbyist Register?
 | ☐ No ☐ Yes  |
| 1. a member of other Government boards and committees?
 | ☐ No ☐ Yes  |
| **Please provide two referees including their name, position and contact details including email address** |
| 1. | 2. |

1. Australian Lawyers need to provide evidence that they have been admitted to the legal profession and are currently on the Supreme Court Roll. [↑](#footnote-ref-1)
2. Only a practitioner member is eligible to be the President of the Council. [↑](#footnote-ref-2)